## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lundegren

Serial No.: 09/681,413

Art Unit: 3626

Examiner: Rachel L. Porter

Filed: March 30, 2001

For: R

REINSURANCE AUCTION

PROCESS

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### TRANSMITTAL

 Transmitted herewith is: Transmittal and Amendment in response to Office Action dated June 15, 2006 (20 pages)

## STATUS

Applicant

claims small entity status.

is other than a small entity.

## CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

# Express Mail Label No.:

Date:

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Daniel M. Fitzgerald, Reg. No. 38,880

## EXTENSION OF TERM

| <ol> <li>The proceedings herein are for a patent application and the provisions of 37 C.F.R.<br/>1.136 apply.</li> </ol>  |   |            |              |    |                                |                                     |  |  |  |  |  |  |
|---|---|------------|--------------|----|--------------------------------|-------------------------------------|--|--|--|--|--|--|
| (   | (complete (a) or (b), as applicable)  (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136  (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)   |            |              |    |                                |                                     |  |  |  |  |  |  |
| Exte  | nsion for   | response w | ithin;       | C  | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |  |  |  |  |  |  |
|   |   |            | first month  | \$ | 120.00                         | \$ 60.00                            |  |  |  |  |  |  |
|   |   |            | second month | \$ | 450.00                         | \$ 225.00                           |  |  |  |  |  |  |
|   |   |            | third month  | \$ | 1,020.00                       | \$ 510.00                           |  |  |  |  |  |  |
|   |   |            | fourth month | \$ | 1,590.00                       | \$ 795.00                           |  |  |  |  |  |  |
|   |   |            | fifth month  | \$ | 2,160.00                       | \$1,080.00                          |  |  |  |  |  |  |
|   |   |            |              |    | Fee Due                        | \$                                  |  |  |  |  |  |  |
| If an additional extension of time is required, please consider this a petition therefor.  (Check and complete the next item, if applicable)  An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested. |   |            |              |    |                                |                                     |  |  |  |  |  |  |
| Extension fee due with this request \$  OR  |   |            |              |    |                                |                                     |  |  |  |  |  |  |
| OK .  |   |            |              |    |                                |                                     |  |  |  |  |  |  |
| 1   | (b) Applicant believes that no extension of term is required. However, this<br>conditional petition is being made to provide for the possibility that<br>applicant has inadvertently overlooked the need for a petition for extensior<br>of time. |            |              |    |                                |                                     |  |  |  |  |  |  |

## FEE FOR CLAIMS

| 4. 1   | The fee   | for cla | ims (37 0 | C.F.R. 1.16(b                         | )-(d)) has b     | een calculated as s  | hown | below:                  |  |  |  |  |
|--|---|---------|-----------|---------------------------------------|------------------|--|------|-------------------------|--|--|--|--|
|  | (Col. 1)  |         |           | (Col. 2)                              | (Col. 3)         | SMALL ENTITY   |      | SMALL ENTITY            |  |  |  |  |
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |         |           | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL.<br>RATE FEE  | OR   | ADDITIONAL<br>RATE FEE  |  |  |  |  |
| TOTAL  |   |         | MINUS     |                                       | =0               | x \$25.00 = \$   |      | x \$50.00 = \$          |  |  |  |  |
| INDEP.   |   |         | MINUS     |                                       | =0               | x \$100.00 = \$  |      | x \$200.00 = \$         |  |  |  |  |
| _  | FIRS  | PRESEN  | TATION OF | MULTIPLE DEP. (                       | CLAIM            | +\$180.00 = \$   |      | +\$360.00 = \$          |  |  |  |  |
| L  |   |         |           |                                       |                  | TOTAL ADDITIONAL FEE \$  | OR   | TOTAL ADDITIONAL FEE \$ |  |  |  |  |
| (a) No additional fee for Claims is required  OR |   |         |           |                                       |                  |  |      |                         |  |  |  |  |
|  | (b)   |         | Total a   | dditional fee                         |                  | required \$  |      |                         |  |  |  |  |
|  |   |         |           | FEE                                   | E PAYME!         | NΤ   |      |                         |  |  |  |  |
| 5.   | 5. Attached is a check in the sum of \$   |         |           |                                       |                  |  |      |                         |  |  |  |  |
|  | Charge Deposit Account No. 01-2384 the sum of \$ A duplicate of this transmittal is attached. |         |           |                                       |                  |  |      |                         |  |  |  |  |
|  |   |         |           | FEE !                                 | DEFICIEN         | <b>ICY</b>   |      |                         |  |  |  |  |
| 6.   | If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.       |         |           |                                       |                  |  |      |                         |  |  |  |  |
|  | AND/OR  |         |           |                                       |                  |  |      |                         |  |  |  |  |
|  | If any additional fee for claims is required, charge Deposit Account No. 01-2384.             |         |           |                                       |                  |  |      |                         |  |  |  |  |
| 7.   |   | Other   |           |                                       |                  |  |      |                         |  |  |  |  |
|  |   |         |           |                                       | One<br>St. I     | iel M. Fitzgerak<br>No. 38,880<br>MSTRONG TEAS:<br>Metropolitan Squa-<br>couis, MO 63102<br>621-5070 |      |                         |  |  |  |  |